

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
Includes Reference to PCT International Applications

Attorney's Docket No.

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Stepped calander

the specification of which (check only one item below)

☐ is attached hereto

☐ was filed as United States application

Serial No. _____

on _____

and was amended

on _____ (if applicable).

☒ was filed as PCT international application

Number PCT/FI2003/000588

on August 1, 2003

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of the application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

PRIOR FOREIGN/PCT APPLICATIONS AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Country (if PCT, indicate "PCT")	Application Number	Date of Filing (day, month, year)	Priority Claimed Under 35 U.S.C. 119	
Finland	U20020331	2 August 2002	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
PCT	PCT/FI2003/000588	1 August 2003	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Continued)

Attorney's Docket No.

Includes Reference to PCT International Applications

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS		STATUS (check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		
PCT/FI2003/000588	1 August 2003			

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (*List name and registration number*)

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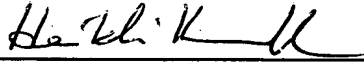


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1-00 2 0 1	FULL NAME OF INVENTOR	FAMILY NAME <u>Kaarakka</u>	FIRST GIVEN NAME <u>Heikki</u>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <u>Jokela</u> <u>Fix</u>	STATE OR FOREIGN COUNTRY Finland	COUNTRY OF CITIZENSHIP Finland
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Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)				Attorney's Docket No.
3-50 203	FULL NAME OF INVENTOR	FAMILY NAME Tiistola	FIRST GIVEN NAME Ville	SECOND GIVEN NAME
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204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
207	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
208	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
209	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)				Attorney's Docket No.
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2 1 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2 1 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
SIGNATURE OF INVENTOR 201 		SIGNATURE OF INVENTOR 202 		SIGNATURE OF INVENTOR 203 
DATE October 28, 2004 28.10.2004		DATE October 28, 2004 28.10.2004		DATE October 28, 2004 28.10.2004
SIGNATURE OF INVENTOR 204		SIGNATURE OF INVENTOR 205		SIGNATURE OF INVENTOR 206
DATE		DATE		DATE
SIGNATURE OF INVENTOR 207		SIGNATURE OF INVENTOR 208		SIGNATURE OF INVENTOR 209
DATE		DATE		DATE
SIGNATURE OF INVENTOR 210		SIGNATURE OF INVENTOR 211		SIGNATURE OF INVENTOR 212
DATE		DATE		DATE